


**PATIENT PRESENTING CLINICAL SIGNS**

**Buddy Blout** History: Urinary obstruction.

**SPECIES** Physical Examination: N/A.

Feline Urinalysis: N/A.

CBC: N/A.

**BREED** Serum Biochemistry: N/A.

DSH Radiographic Findings: Abnormal.

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

MN *Urinary System*

**AGE** Full urinary bladder with a normal thickness appearance of the wall. Large amount of floating hyperechogenic sediment. No uroliths evident.

20 years

**WEIGHT** Normal trigone, proximal urethra (0.3 cm), and iliac blood vessels.

11 # Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 4 cm, right 4.1 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. Bilateral pinpoint mineralization.

**INTERPRETED BY** *Reproductive System*

Remo Lobetti, BVSc,  
MMedVet (Med), PhD,  
Dipl. ECVIM

N/A.

**IMAGING PERFORMED BY** *Adrenal Glands*

Normal shape, echogenic appearance, position, and size. Left 0.4 cm, right 0.48 cm.

Sonya Myers, DVM

*Spleen*

**HOSPITAL NAME** Enlarged (2 cm) with an irregular shape and hypoechogenic appearance. Smooth homogenous parenchyma, irregular capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

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and Emergency

**REFERRING VET** *Liver*

Dr Caja Normal size with a diffuse mottled and nodular echogenic appearance, and loss of portal markings. Nodules are hypoechogenic, parenchymal and up 0.8 cm in size. Irregular parenchymal hypoechogenic mass (3.8 x 4 cm) in the right liver. Full gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct.

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*Gastrointestinal*

**DATE** Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.21 cm, jejunum 0.21 cm), and no distension of the lumen. Hypoechogenic mass associated with the pylorus but may be from the hepatic mass.

7/15/22


**PATIENT** *Pancreas*

Buddy Blout Normal size (right 0.6 cm, left 0.6 cm) and echogenic appearance. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**SPECIES** *Free Abdomen*

Feline Normal mesenteric lymph nodes (1.4 cm).  
Moderate amount of ascites.

**BREED** Hyperechogenic and nodular appearance of the mesentery with masses (up to 2.3 x 2.4 cm) in certain areas.

DSH

**SEX** **ULTRASONOGRAPHIC FINDINGS**

MN

Primary Findings:

**AGE**

20 years

- Hepatic mass.
- Possibly pyloric mass.
- Hepatopathy.
- Splenic pathology.
- Ascites.
- Nodular mesentery.

**WEIGHT**

11 #

Secondary Findings:

**INTERPRETED BY**

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- Urinary bladder sediment.
- Age-related renal changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**
**IMAGING PERFORMED BY**

Sonya Myers, DVM

With the nodular mesentery, hepatic/pyloric mass, and splenic changes the most likely etiology would be neoplasia with carcinomatosis and secondary hepatopathy. Granulomatous disease would be an unlikely differential diagnosis.

**HOSPITAL NAME**

Oviedo Veterinary Care  
and Emergency

Further assessment would be analysis of the ascitic fluid and FNA cytology of the liver, spleen, mesentery, and masses.

**REFERRING VET**

Dr Caja

Specific therapy would be dependent on an etiological diagnosis; however, this point palliative therapy would be most likely indicated.

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**PATIENT**

Buddy Blout

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

20 years

**WEIGHT**

11 #

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**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

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**REFERRING VET**

Dr Caja

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**DATE**

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**IMAGES**

**Liver**



**Spleen**





**PATIENT**

**Stomach/liver**

Buddy Blout

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

20 years

**WEIGHT**

11 #

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**IMAGING PERFORMED BY**

Sonya Myers, DVM

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Dr Caja

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**Mesentery**



**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

**Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)**  
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